

Specialised Care of Patients with Depression

A National Enhanced Service under the New contractual arrangements

Proposal to offer services from (surgery name) based on the national specification and benchmarking

Proposal date:

Introduction

1. All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Local factors

2a Include any special local factors to support your case eg {surgery name} cover very rural population with a widely dispersed population over **sq km. patients have to travel over **miles to reach their nearest hospital outpatients or laboratory. Within this setting, one of the PCT priorities is equity of provision and we would submit that our patients should not need to travel large distances to hospital care if the service can be provided efficiently and safely within primary care. Patients living close to hospital laboratory have the advantage of easier access to services compared to our very rural population some of whom might need ambulance transport to get to hospital care.

Consider a patient survey:

Consultation with patients who need this service has strongly suggested they would prefer to have this service through the surgery rather than hospital attendance which would required in the absence of this enhanced service.

Background

2. Evidence shows that:

(i) depression is one of the top three leading causes of disability Clinical Standards Advisory Group. Services for people who have depression. 1999

(ii) clinical depression affects up to 2.3 million people in Britain (5 per cent of the population) at any one time Mental Health Foundation. Mental illness: the fundamental facts. 1993

(iii) one in four patients presenting to their GP suffer with depression Report funded by Lundbeck. Impact of depression: a multi-disciplinary comment on treating depression. 1995

(iv) 80 per cent of people identified as having depression are managed entirely in a primary care setting – the average GP will see at least one patient with depression during each surgery session Clinical Standards Advisory Group. Services for people who have depression. 1999

(v) depression accounts for at least 3,000 of the 4,000 people who commit suicide in England and Wales each year Mental Health Foundation Mental illness: the fundamental facts. 1993

(vi) as many as three in four cases of depression are neither recognised nor treated. Report funded by Lundbeck. Impact of depression: a multi-disciplinary comment on treating depression. 1995

3. Depression causes much suffering to the patient and is potentially life-threatening. It can also severely affect the quality of life of the patient's family. Untreated, depression is likely to worsen and become more difficult to treat, with both serious personal and financial implications. It is imperative, therefore, that the condition is diagnosed and treated as early as possible in primary care.

4. GPs are well placed to help their depressed patients, who may have social problems and physical illness to cope with in addition to their depression. Treatment at home is usually best for the patient, who is then able to maintain ties with family and friends and may be able to continue at work.

5. Failure of treatment is often due to the patient stopping the treatment too soon. Compliance with therapy is improved through regular monitoring by a healthcare professional.

Aims

6. The objective of this National Enhanced service is to meet the main recommendations of the Royal College of General Practitioners' and Royal College of Psychiatrists' Defeat Depression Campaign, together with the recommendations of the Clinical Standards Advisory Group report, 'Services for people who have depression'; the end goal of both being the early recognition and treatment of depression. To help to achieve this:

(i) improved training and awareness in the primary care team is necessary

(ii) GPs need to be able to devote more time to patients with suspected and diagnosed depression.

Definition

7. For a patient to be entered into this national enhanced service, depression would be diagnosed using a combination of evidence-based diagnostic tools as well as specialist clinical judgement where indicated.

Service outline

8. This national enhanced service will provide the following features:

(i) **produce and maintain an up-to-date register of depressed patients.** This would be used as a communication and audit tool. There would need to be mechanisms in place to update the register routinely

(ii) **apply a multi-disciplinary approach** to the treatment of depression involving CPNs, psychologists and psychiatrists where appropriate

(iii) **use cognitive behavioural therapy** and other non-drug treatments where appropriate

(iv) **use screening procedures.** Screening questionnaires or computer-administered interviews have been shown to improve recognition of depression. This is important since recognition improves outcome even when the patient does not comply with treatment

(v) **undertake appropriate training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so

(vi) **maintain personal health plans.** Each patient participating in the NES should have a personal health plan. This plan should include details of his or her diagnosis, investigations, frequency of reassessment, details of other referrals, eg counselling. This will include the use of accredited tools, eg Hamilton D rating Scales, MADRAS assessment scales

(vii) **make referrals and inquiries as clinically indicated**

(viii) **review.** All practices providing the service should perform an annual review which will include an audit of:

(a) the register of patients suffering from depression

(b) anti-depressant medication (ie dosage and length of treatment) and its effect on treatment outcomes

(ix) **feedback** from patients with depression and, where appropriate, their families using the standardised questionnaire.

Accreditation

9. Those doctors in the practice have previously provided services similar to the proposed enhanced service and will be required to satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service.

Costs

10. In 2003/04 each practice will contract to provide this service for the according to the national tariff of annual retainer of £1,000 plus an annual payment per patient (in arrears) of £90.

Volume: ** surgery would expect to deliver this service for ** funded patients in the first year. The contract would be monitored on a quarterly basis and the PCT alerted to significant overperformance. However, during the first year of operation the practice would continue to offer the service if the allocated funding cap was reached and this over- performance would be used to inform contract negotiations for the subsequent year.

Total contract value = £**,000 per year

(a) This contract would run from 1st April 2004 to 31st March 2005

For further information or queries about this proposal please contact: